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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0745 Sidney Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage # # Per Mile Capacity Inspection 70 5 1 52 1.57 78 08/11/04 5 70 10 100 0.95 22 08/11/04 70 5 11 64 0.95 08/11/04 26 5 0.95 70 11-A 22 26 08/11/04 70 5 11-B 21 0.95 26 08/11/04 70 5 2 50 1.36 60 08/11/04 5 3 70 77 1.57 78 08/11/04 70 5 5 1.57 78 08/11/04 26 70 5 6 87 1.80 84 08/11/04 70 5 8 99 84 1.80 08/11/04

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School District Claim for State Reimbursement for **School Bus Transportation**

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District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0746 Sidney H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 30 1 1 52 1.57 78 08/11/04 30 1 10 100 0.95 22 08/11/04 30 64 0.95 08/11/04 1 11 26 0.95 11-B 21 26 08/11/04 30 1 2 30 50 1.36 60 08/11/04 30 1 3 77 1.57 78 08/11/04 5 30 1 26 1.57 78 08/11/04 30 6 87 1.80 84 08/11/04 1 30 8 99 84 08/11/04 1 1.80

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHO	OOL BUS TRA	NSPORT	ATION:	
This clain	n is for the	period beginning			,	20 a	nd end	ing		, 20	_•
			1	month	day			n	nonth	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					I	District Level:	
42 Richl	and		0747	Savage E	Elem]	Elementary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	city	Inspection	Day Opera		Bus Driver's Social Security #
52	7J	1		100	1.15	53		08/12/04			
52	7J	2		126	0.95	47		08/12/04			
48	7J	3		98	1.15	53		08/12/04			
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE DATES:		February 1 February 15		ty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STAT	TE REIME	URSEMEN	T FOR	SCHO	OL BUS TRA	NSPORTATION	\:	
This clain	n is for the	period beginning				. 20	and endin	g		. 20 .	
This claim is for the period beginning, 20 and ending month day montl								day			
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and a	ccurate to the	e best of my kn	owledge.					_
Date			Signature	, Chair, Board	l of Trustees						_
County:			District:				District Level:				
				8 Savage H S				High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Bus Driver's Social Security #	
48	2	1		100	1.15	53	3	08/12/04			
48	2	2		126	0.95	47	7	08/12/04			_
52	2	3		98	1.15	53	3	08/12/04			_
						I				1	_

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

08/22/04

08/22/04

State	
District	
County	

		Hele	ena, MT	59620-25	01		School Bus Transportation					
DUE DATES:		February 1 February 1		nty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning												
CERTIF The infor		N: this form is comp	olete and a	accurate to the		owledge.						
Date			Signatur	e, Chair, Board	l of Trustees							
County: District: District Level:												
42 Richland 0749 Brorson Elem							Ele	mentary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	s	Bus Driver's Social Security #		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	ANSPORTA	TION:		
This clain	n is for the	period beginning			,	20 and	ending		, 2	20	
				month	day		month day				
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:				Ir	District Lev	vel:	
42 Richl	and		0750	Fairview	Elem			F	Elemen	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Day Opera		Bus Driver's Social Security #	
60	13	1		62	0.95	36	08/02/04				
60	13	2		75	0.95	19	08/04/04				
60	13	3		120.8	0.95	21	08/18/04	-			
60	13	4		48	0.95	19	08/04/04				
60	13	5		48	0.95	19	08/04/04				
60	13	6		184.8	0.95	42	08/02/04				
60	13	8		19.6	0.95	42.	08/20/04				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1	to Cou	emester inty Superinate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SO	CHOOL BUS TR	ANSPORT	ATION:	1	
This clain	n is for the	period beginning	g		,	20 and	ending		,	20	
				month	day			month	d	ay	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Le	evel:	
42 Richl	and		0751 Fairview H S				High School				
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper		Bus Driver's Social Security #	
40	3	1		62	0.95	36	08/02/04				
40	3	2		75	0.95	19	08/04/04				
40	3	3		120.8	0.95	21	08/18/04				
40	3	4		48	0.95	19	08/04/04				
40	3	5		48	0.95	19	08/04/04				
40	3	6		184.8	0.95	42	08/02/04				
40	3	8		19.6	0.95	42	08/20/04				

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Helena, MT 59620-2501 **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0754 Rau Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 21 1 28 0.95 47 None 2 100 21 108 1.15 54 09/21/04 100 21 2A7.8 54 09/21/04 1.15 100 3 0.95 21 47.6 35 08/12/04 100 21 3a 0.95 35 08/12/04 8.6

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	OR STATE REIM	IBURSEMEN	T FO	R SCHOOL	BUS TRANSPOR	TATION:			
This claim is for the period beginning										
CERTIFI	CATION:									
The inform	nation on this form is comp	olete and accurate to t	the best of my kno	owledg	е.					
Date		Signature, Chair, Boa	ard of Trustees							
County:		District:					District Level:			
42 Richla	and	0768 Lambei	rt Elem				Elementary			

42 Kiemana 0700 Lambert Elem						Licinci	itai y	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	86	1	153.2	0.95	36	08/14/04		
70	86	2	70.6	0.95	41	08/14/04		
70	86	3	124.4	0.95	36	08/14/04		
70	86	5	93	0.95	36	08/14/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

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	February 1 February 1	to County Superin 5 to State Superint	endent		May 24 t	o State Superinten	tendent adent
ETE THI	IS CLAIM FO	OR STATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:	
n is for the	period beginning	5	,	20 and er	nding	, 2	20
		month	day		n	onth da	y
ICATIO	N:						
mation on	this form is comp	olete and accurate to th	e best of my kn	owledge.			
		Signature, Chair, Board	d of Trustees				
		District:				District Lev	/el:
and		0769 Lambert	HS			High So	chool
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
4	1	153.2	0.95	36	08/14/04		
4	2	70.6	0.95	41	08/14/04		
4	3	124.4	0.95	36	08/14/04		
4	3	22	1.80	84	08/18/04		
4	5	93	0.95	36	08/14/04		
	ETE THI In is for the ICATION Mation on and District # 4 4 4 4 4	February 1 February 1: February 1: ETE THIS CLAIM FO In is for the period beginning ICATION:	First Semester February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCENT is for the period beginning	First Semester February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE May 20	First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superin